

STATE OF TENNESSEE

DALE SIMS
STATE TREASURER



TREASURY DEPARTMENT
FLEXIBLE BENEFITS PLAN
502 DEADERICK STREET
NASHVILLE, TENNESSEE 37243-0201
(615) 741-3131

REQUEST FOR FLEXIBLE BENEFITS FORFEITURE REFUND

TO: Flexible Benefits Office
Fiscal Staff, Insurance Administration

FROM: _____ **DEPT:** _____

DATE: _____

SUBJECT: Forfeiture Refund For: _____
(Payroll Date)

Name: _____ **SSN:** _____

SUPPORT REQUIRED: 1) Applicable Payroll Registers
2) Employee W-2 Form (for prior calendar year requests only)

DEPT/DIV	COST CENTER	PAYROLL DATE	FORFEITURE AMOUNT	REFUND DUE

CAUSE OF FORFEITURE: _____

To be completed by Flexible Benefits Office

Approved: ☐ Denied: ☐

Explanation: _____

Signature: _____ Phone: _____ Date: _____